



## CORPLAN INSURANCE RATES

### MEDICAL & DENTAL COVERAGE

### PREMIUM

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Employee Only                   | \$50.00 per month/\$25.00 per pay   |
| Employee + 1 Dependent          | \$192.00 per month/\$96.00 per pay  |
| Employee + 2 or more Dependents | \$237.00 per month/\$118.50 per pay |

Premiums are withheld on a pre-tax basis. Once a decision is made, you cannot change your decision during the year unless you have a change in family status as permitted by the IRS. A change in family status includes marriage, divorce, death of a spouse, birth or adoption of a child, and change in spouse's employment. **Notification to add and/or delete employee or dependent coverage must be made in writing to the Human Resources Department within 31 days of the change in status.** During open enrollment (September) you may add or delete employee or dependent coverage as you wish.